Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS649HOS	A. BUILDING _____ B. WING _____	C 10/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH VISTA HOSPITAL	1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 26855 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/09/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023231 was substantiated with deficiencies cited. (See Tag S 105) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiency was identified.	S 000		
S 105 SS=E	NAC 449.322 Housekeeping Services 1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep	S 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 105	Continued From page 1 the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to keep patient rooms and bathrooms on the 4th floor clean and sanitary and free from an accumulation of dust, dirt and rubbish. Severity: 2 Scope: 2	S 105		